

## FOR MARCH 1, 2002 THROUGH FEBRUARY 28, 2003

## SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

OLL INGTINGOTIONS ON INLITERIOL. I	TT E OIXT KINT OF	LAILLI		
APPRENTICE				
APPRENTICE'S FIRST NAME	M.I.	LAST NAME		FALCONRY LICENSE #
MAILING ADDRESS				DAY TELEPHONE
CITY				ZIP CODE + 4
LIST ALL RAPTORS YOU POSSESSED	MARCH 1, 2002 T	HROUGH FEBRUARY 28,	2003.	
SPECIES BIRD #1	BAND NUM		SEX	AGE
HOW ACQUIRED				DATE ACQUIRED
CURRENT DISPOSITION (Died, lost, still possess, etc.)				DATE OF LOSS
SPECIES BIRD #2	BAND NUM	IBER	SEX	AGE
HOW ACQUIRED				DATE ACQUIRED
CURRENT DISPOSITION (Died, lost, still possess, etc.)				DATE OF LOSS
			FORMATION ON DAILY FEEDIN	 NG AND TRAINING, FIELD TRAINING, AND
FLYING BIRD ON GAME. (Use revers	se side of form if ne	ecessary)		
I certify that the above information is tro	ue and correct.			DATE
SIGNATURE				DATE
<u>X</u>				
SPONSOR				
SPONSOR'S FIRST NAME	M.I.	LAST NAME		FALCONRY LICENSE #
MAILING ADDRESS				DAY TELEPHONE ( )
CITY			STATE	ZIP CODE + 4
SUMMARIZE THE APPRENTICE'S FALC SPENT WITH YOUR APPRENTICE. (L			LCONER. INCLUDE APPROXIMA	TE NUMBER OF HOURS AND/OR DAYS
☐ CHECK HERE IF YOU FEEL YOU	ID ADDRENTICE	SHOULD BE LIPGRADED	(Time and class will be verified	by the DEC
I certify that the above information is tri		C. OCLU DE OI ONADED	. Thing and diass will be verilled	2, 0.0 Di 0/
SIGNATURE				DATE
X				

LAS 9057

## INSTRUCTIONS FOR COMPLETING APPRENTICE FALCONER'S ANNUAL PROGRESS REPORT

- 1. It is mandatory to complete all items. Incomplete reports will be returned.
- 2. Sign and date the report.
- 3. Mail this report with your Falconry License Renewal Application and fees to the Department of Fish and Game, License and Revenue Branch, 3211 S Street, Sacramento, CA 95816 by February 28, 2003. Contact the License and Revenue Branch at (916) 227-2225 if you need additional information regarding falconry licenses.

MM/DD/YYYY
MM/DD/YYYY

MM/DD/YYYY
MM/DD/YYYY